

TOBACCO TAX REFUND APPLICATION - RETAILERS

If a retailer pays an amount in respect of tobacco tax, and is unable to collect the tax from a consumer due to the theft or destruction of the tobacco, he may apply to Alberta Finance for a refund of the the tax paid. A retailer applying for a refund due to theft, fire or flood **must** notify Alberta Finance within 30 days and submit the refund application with supporting documents within 365 days of becoming aware of the loss. A separate claim is required for each loss. This form and the required documentation must be sent to: TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5. If you have any questions, please phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Additional forms may be obtained from our website at www.finance.gov.ab.ca or requested from our office using the phone number or address given above.

1.	Business Identification Number (number assigned by Alberta Finance) If unsure of this number or if this is your first claim, leave this blank.		For Office Use Only	12
2.	Legal Name of Applicant (Corporate name OR Surname and first name)			
3.	Business or Operating Name (if different from legal name)			
4.	Business Address of Applicant		Date of Loss:	D D
		9. Refund Request for:		
	City/Town Province Postal Code	:	Loss due to theft	
5.	. Mailing Address (if the refund and correspondence are to be sent to an address other than above, please provide the mailing address)		Loss due to flood/fire	
			Is this your first claim?	
			Yes No	,
	City/Town Province Postal Code		If "No", and your name has changed since your last claim, please provide your previous name:	
6.	Incident Location	11.	Contact Person's Name:	
			Phone Number: ()	
	City/Town Province Postal Code		Fax Number: ()	
12.	Amount of refund requested (as determined on reverse of this form):		\$	
13.	If Yes, please provide written confirmation from your insurance compation tobacco products included, and the claim amount paid or payable. Name of Insurance Company: Agent or Adjustor's Name: Address:			
	Telephone No.: ()			
14.	Was a police or fire commissioner's report prepared?	es	No	
	If Yes, please provide file number: a	ınd if a	available, a copy of the report.	
	Police Location/RCMP Detachment:			

BIN:	Date of Loss:	1	1 . 1	

15. To determine the refund amount, complete the schedule below.

Product		(A)	(B)	Total Amount	
Category	Size/Price	Quantity Lost	Tax Rate Per Unit	of Tax (A X B)	
Cigarettes/Preportioned Sticks:	200 cigs.		\$32.00/carton	-	
- Carton	150 cigs.		\$24.00/carton		
- Package	25 cigs.		\$4.00/package		
	20 cigs.		\$3.20/package		
- Individual	1cig.		\$0.16/cigarette	!	
oose Tobacco/Snuff	226 grams		\$36.16/tin/pouch		
	200 grams		\$32.00/tin/pouch		
	180 grams		\$28.80/tin/pouch		
	150 grams		\$24.00/tin/pouch		
	130 grams		\$20.80/tin/pouch	į	
	110 grams		\$17.60/pouch		
	90 grams		\$14.40/pouch		
	50 grams		\$8.00/pouch	!	
	45 grams		\$7.20/tin	i !	
	40 grams		\$6.40/tin		
	35 grams		\$5.60/tin		
	30 grams		\$4.80/tin		
	25 grams		\$4.00/tin		
	20 grams		\$3.20/tin		
	15 grams		\$2.40/tin	!	
	10 grams		\$1.60/tin		
	1gram		\$0.16/gram		
Cigars (Retail Price, Tax Included)	29 cents or less		\$0.15/cigar		
			49%		
			49%		
			49%		
			49%		
	Over \$10.20		\$5.00/cigar	į	
	\$10.20		1 , , , , , , ,	<u> </u>	

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1. To support this claim, you must attach copies of your inventory records and an explanation of the method used to determine the loss amount. Your inventory records must include the time and date of a physical count, all purchases and sales between the physical count and the date of loss and a physical count taken immediately after the loss. Confirmation from your insurance company must be provided as well as the file number from the police or fire commissioner's report.

- 2. Refund applications that are incomplete, lack supporting documentation or are received outside the 365 days, will be disallowed.
- 3. If there are any subsequent recoveries of tobacco products for which a refund has been granted, the applicable tax must be returned to the Minister of Finance.

tax must be returned to the	wiillister of Fillatice.	
I hereby certify that, to the be accurate and all relevant facts	•	nation contained in this application is true,
Name:(please print)	Position:	Telephone Number: ()
Signature:		Date:
This application m	ust be signed by the applicant or an a	uthorized signing officer of the company.

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